

02-04-02

A/R/E

J1054 U.S. PTO
02/01/02Please type a plus sign (+) inside this box → PTO/SB/50 (02-01)
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02/01/02

REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	T597-366
	First Named Inventor	JANG
	Original Patent Number	6019906
	Original Patent Issue Date (Month/Day/Year)	2/1/00
	Express Mail Label No.	EVO27634347US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - Computer Readable Form (CFR)
 - Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - Statements verifying identity of above copies

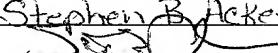
ACCOMPANYING APPLICATION PARTS

- Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
- Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
- Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
- English Translation of Reissue Oath/Declaration (if applicable)
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other:
.....

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label **28112** or Correspondence address below
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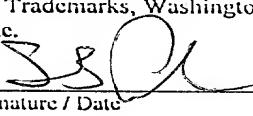
NAME (Print/Type)	Stephen B. Ackerman	Registration No (Attorney/Agent)	37,761
Signature		Date	2/1/02

Burden Hour Statement. This form is estimated to take 02 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

EXPRESS MAIL CERTIFICATE

Express Mail No. EVO27634347US

I Herby Certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, DC 20231. Applicant and/or Attorney requests the date of deposit as the Filing Date.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
1597-306

Claims as Filed - Part 1				Other than a Small Entity			
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 16	Total Claims (37 CFR 1.16(j))	(B) 27	**** 7 =	x \$ _____ =		or x \$ 18 =	126
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ _____ =
Basic Fee (37 CFR 1.16(h))				\$ 740			\$ 740
Total Filing Fee				\$		OR	\$ 866

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee				\$		OR	\$	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 37 CFR 1.27.
- Please charge Deposit Account No. 19-0033 in the amount of \$ 866. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0033. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

2/1/02

Date



Signature of Applicant, Attorney or Agent of Record

Stephen B. Ackerman, Reg. #37,761
Typed or printed name